

Hoopa Tribal Education Association

P.O. Box 428 • Hoopa, CA 95546-0428 • (530) 625-4413
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Hoopa Valley Tribe

ADULT VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE

INSTRUCTIONS TO COMPLETE APPLICATION FOR ADULT VOCATIONAL TRAINING (AVT)

1. Apply for admission to training program or school.
2. Complete the Free Application for Federal Assistance (FAFSA).
3. Complete the AVT application, sign and return to the Hoopa Tribal Education Office at the above address.
4. Submit your most recent grade report or transcript (High School Transcript for new students; grade report for continuing students.)
5. Letter from you stating your vocational goals and include an itemized list and expenses for services requested.

Applications also available at hoopa-nsn.gov. Email us at hoopaeducation@gmail.com

**U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

Form BIA 8205
Rev 2-83

OMB No. 1076.0062
Exp. Date 01/31/86

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

**Hoopa Tribal Education Association
PO Box 428 • Hoopa, CA 95546 • (530) 625-4413**

NAME: _____ Date of Birth: _____
Address: _____
_____ Email: _____

Telephone Number: _____ Marital Status: Single _____ Married _____

Applying for: AVT: _____ DE: _____ Veteran: Yes/No _____ Widow _____ Divorced _____
Request: _____ Initial _____ Repeat Agency: _____ Area: _____

EMERGENCY CONTACT: _____
Address: _____

TELEPHONE NUMBER: _____
Type of training or employment you are interested in: _____
Do you have any physical limitations? _____ If Yes, explain _____
Have you had previous training? _____ If yes, explain: _____
Training or Employment Location Desired: _____
For Training: Course Number and Title: _____
School and Address: _____
Do you have income from any source? _____ If Yes, explain _____

EMPLOYMENT RECORD: (List your three most important periods of employment)

From: _____ To: _____ Employer Name and Address: _____

Reason for leaving: _____
Description of Duties: _____

From: _____ To: _____ Employer Name and Address: _____

Reason for leaving: _____
Description of Duties: _____

From: _____ To: _____ Employer Name and Address: _____

Reason for leaving: _____
Description of Duties: _____

TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grants (GEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to Bureau of Indian Affairs personnel. _____ (initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat.208) and P.L. 84-959 (70 Stat.986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement, I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant signature

Date

Interviewer signature

Date

FOR AGENCY USE:

I certify that _____ is _____ degree of Indian blood, member of the _____ Tribe and is/is not eligible for training or employment assistance services.

Recommended by: _____ Approved by: _____
Title: _____ Agency Superintendent

If Required, Area Action taken: Approved _____ Disapproved _____ Date: _____

Area Director